



CITY OF KINGMAN BUSINESS LICENSE APPLICATION



Mail form to: City of Kingman, City Clerk's Office, 310 N. 4th Street, Kingman, AZ 86401 - (928) 753-8113

New Business License Fee \$100.00 and must be submitted with application

In order to receive a Business License, we need information about you and the type of business you wish to operate. This application will be reviewed by City staff and will be verified by phone, internet, public record or in person. The residence or commercial building listed as the location of the Business License will be inspected for full compliance with all City Codes and Zoning Ordinances. Any code violations on your property or misleading, incomplete, or incorrect information written on this application will result in the delay or denial of your Business License.

****Department Use Only - Do Not Write in this area****				Lic No.:	Date:	Fee:
New <input type="checkbox"/>	Location Change <input type="checkbox"/>			Received By:	Other:	
Late Renew <input type="checkbox"/>	Information Update <input type="checkbox"/>			Receipt No.:	Total Due:	
City <input type="checkbox"/>	Home Occupation	yes <input type="checkbox"/>		Date Available for Inspection:		
County <input type="checkbox"/>		no <input type="checkbox"/>		Contact Phone No.:		

Business and/or Trade Name:

Detailed Description of Business and/or Goods and Services Offered: _____

Marketing type: (phone, door to door, mail, publications, internet) _____

Business Headquarters Address:

Business Mailing Address:

Local Business Location:

Business Phone Number:

FOR HOME OCCUPATIONS ONLY		GENERAL BUSINESS INFORMATION	
List State & License No. of Vehicles used for this business:		Number of Persons Working:	Myself <input type="checkbox"/> Only <input type="checkbox"/> Additional Employees: <input type="checkbox"/>
Residence type:		AZ Dept of Revenue Tax ID Number:	
<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Apartment		Other Applicable State License:	
<input type="checkbox"/> Manufactured Home Park <input type="checkbox"/> Single Family Dwelling		Type of Business Organization:	LLC <input type="checkbox"/>
<input type="checkbox"/> Rural Residential <input type="checkbox"/> Duplex/Triplex		Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>
Other		Profit Corporation <input type="checkbox"/>	Non Profit <input type="checkbox"/>
PERSONAL IDENTIFICATION OF APPLICANT			
Total area allowed for a home occupation is 20% of a home or 300 square feet whichever is less		Applications with missing information cannot be processed and will be returned to applicant	
Building/Home Square Foot: _____	Square Feet used for Business: _____	Full Name:	
Will your business require regular deliveries including FedEx or UPS? No <input type="checkbox"/> Yes, please explain _____		Relationship to Business:	
Will people come to your home to obtain product or utilize any service? No <input type="checkbox"/> Yes, please explain _____		Home Address:	
Have provisions been made for paved off-street parking? No <input type="checkbox"/> Yes, please explain _____		City, State, Zip	
Will your business use any signs or informational displays? No <input type="checkbox"/> Yes, please explain _____		Home Phone:	
Are there chemicals, machinery, construction equipment or other specialty item associated with your business? No <input type="checkbox"/> Yes, please explain _____		Work Phone:	
		Cell Phone:	
		D.O.B.	
		Drivers Lic.# _____ State _____	
		Exp. Date:	
		Have you ever had a license/permit denied, revoked or suspended? No <input type="checkbox"/> Yes, please explain _____	
		Have you had any CRIMINAL CONVICTIONS within the past 5 years? No <input type="checkbox"/> Yes, please explain _____	

I HEREBY CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE COMPLETE AND ACCURATE

Signature

Date